DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850



CENTER FOR BENEFICIARY CHOICES

DATE: September 19, 2006

TO: All Part D Plan Sponsors and Medicare Advantage Organizations

FROM: Henry Chao, /s/

Deputy Director, Information Services Design and Development Group

SUBJECT: Update to the Beneficiary Eligibility Query (BEQ) Response

In order to provide all plans with critical information about new enrollees in a timely manner, CMS is updating the response to plan submitted BEQ requests by adding additional information to both the batch response file and the data screen available via the MARx UI. This memo provides Part D Plan Sponsors and Medicare Advantage organizations with CMS guidance on the use of new data elements in the BEQ Response file as well as systems information on the same.

CMS Guidance

The BEQ response will include the following important information:

- Low Income Subsidy (LIS) information, including the LIS start date, co-pay level
 indicator and premium subsidy percent. Plans can correctly set all new enrollee's LIS
 coverage levels in their systems sooner by obtaining this information in the BEQ
 response. Please use this information to set the appropriate coverage levels prior to
 the effective date of enrollment; do not wait for CMS systems reply to submitted
 enrollment transactions for this information.
- 2. The Part D Eligibility date: This is the date an individual is considered first eligible to be enrolled in the Part D benefit. Plans will use this date to compute when a beneficiary's Initial Eligibility Period (IEP) ends. The IEP end date is used in the review of whether a beneficiary had or did not have previous creditable prescription drug coverage.
- 3. Past drug coverage periods. Plans will use this information to identify periods of time that they do not need to investigate and report upon to CMS in their review of whether a beneficiary had or did not have previous creditable prescription drug coverage.

This updated response file is effective beginning **September 30, 2006**. To obtain this important information, use of the BEQ is required beginning on this date. The additional data elements being provided in the BEQ response file will also be made available via the MARx UI in a release of software scheduled for mid-November. Plans will be able to access this data using the Beneficiary Eligibility screen (M232) in MARx. Users will be able to enter an 'as of' date and MARx will return the beneficiary eligibility, enrollment and Low Income Status information as of that date.

Systems Guidance

Plans should be aware that only the BEQ Response (outbound to Plans) file format is changing; the BEQ Query format remains the same. As indicated above, the BEQ response will now include additional information related to Low Income Subsidy, the Part D eligibility start date and past periods of Part D enrollment. In particular, the new fields (beginning in position 266 of the record) are:

Part D Eligibility Start Date

Deemed/Low Income Subsidy Effective Date (occurrence 1)

Deemed/Low Income Subsidy End Date (occurrence 1)

Co-payment level indicator (occurrence 1)

Part D Premium Subsidy Percent (occurrence 1)

Deemed/Low Income Subsidy Effective Date (occurrence 2)

Deemed/Low Income Subsidy End Date (occurrence 2)

Co-payment level indicator (occurrence 2)

Part D Premium Subsidy Percent (occurrence 2)

NOTE: Part D Enrollment periods are contained in the prior Employer Subsidy Start and End Date fields. The new data field names are: Part D Enrollment Effective Date/Employer Subsidy Start Date and Part D Disenrollment Date/Employer Subsidy End Date.

The attachment to this memo provides further details on these changes; however the following are important points to note about the BEQ Response file change:

- There are no changes to the inbound (to CMS) BEQ Query record and associated processing (i.e. surface edit emails, sending entity requirements, etc.)
- There are no changes to the header and trailer records in the BEQ response file.
- The BEQ response file format is being modified so the new fields are placed in what was previously defined as filler, starting in position 266 (see attachment). Plans should be able to accept the new format of the file regardless of their system readiness to process the new data elements.
- The overall record length of the BEQ response file remains 750 bytes.
- BEQ query files submitted after the implementation date will receive the new response format.

For Plans with contracts that are new in 2007, testing will include your ability to send and receive BEQ files. This testing may employ the new BEQ response file format. The

timeframe for this testing to occur will be communicated via separate memo to the new Plans.

Again, this updated response file is effective beginning **September 30, 2006**. Further information on the MARx UI changes will be forthcoming in future release notifications.

Please direct questions or concerns to the MMA Help Desk at mmahelp@cms.hhs.gov or 1-800-927-8069.

REVISED BENEFICIARY ELIGIBILITY QUERY (BEQ) RESPONSE FILE FORMAT

CMS-to-Plan Batch Eligibility Query Response File Header Record (no changes from prior version)

Field Name	Format	Position	
i ielu italiie	Torriat	Start	End
File ID Name (This field used for file/record identification purposes only, 'CMSBEQRH')	X(8)	1	8
Sending Entity (This field used to identify the sending entity, 'MBD ' (MBD + 5 spaces))	X(8)	9	16
File Creation Date (This field provides the date the file was created in CCYYMMDD format)	X(8)	17	24
File Control Number (This field provides a unique file identifier created by Sending Entity)	X(9)	25	33
Filler (This field should be all spaces)	X(717)	34	750

CMS-to-Plan Batch Eligibility Query Response File Trailer Record (no changes from prior version)

Field Name	Format	Position	
i ielu italiie	Torriat	Start	End
File ID Name (This field used for file/record identification purposes only, 'CMSBEQRT')	X(8)	1	8
Sending Entity (This field used to identify the sending entity, 'MBD ' (MBD + 5 spaces))	X(8)	9	16
File Creation Date (This field provides the date the file was created in CCYYMMDD format)	X(8)	17	24
File Control Number (This field provides a unique file identifier created by Sending Entity)	X(9)	25	33
Record Count	9(7)	34	40
Filler (This field should be all spaces)	X(710)	41	750

CMS-to-Plan Batch Eligibility Query Response File Detail Record

Field Name	Field Name Format		Position	
I Iciu Naille	1 Offiliat	Start	End	
Record Type (This field used for record identification purposes only, 'DTL')	X(3)	1	3	
Start of Original Detail Record	,			
Original Record Type	X(5)	4	8	
Beneficiary's Health Insurance Claim/Railroad Board Number	X(12)	9	20	
Beneficiary's Social Security Number	X(9)	21	29	
Beneficiary's Date of Birth	X(8)	30	37	
Beneficiary's Gender Code	X(1)	38	38	
Detail Record Sequence Number	9(7)	39	45	
End of Original Detail Record				
Processed Flag (This field indicates whether the transaction was processed; 'Y' or 'N')	X(1)	46	46	
Beneficiary Match Flag (This field indicates whether the beneficiary was matched in MBD; 'Y' or 'N')	X(1)	47	47	
Medicare Part A Entitlement Start Date (The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period in the CCYYMMDD format MDCR_EFCTV_DT in MBD_MDCR_ENTL)	X(8)	48	55	
Medicare Part A Entitlement End Date (The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period in the CCYYMMDD format MDCR_TRMNTN_DT in MBD_MDCR_ENTL)	X(8)	56	63	
Medicare Part B Entitlement Start Date (The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period in the CCYYMMDD format MDCR_EFCTV_DT in MBD_MDCR_ENTL)	X(8)	64	71	
Medicare Part B Entitlement End Date (The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period in the CCYYMMDD format MDCR_TRMNTN_DT in MBD_MDCR_ENTL)	X(8)	72	79	
Medicaid Indicator (An indicator of the presence of current Medicaid coverage for the beneficiary MDCD_ELGBL_STUS_SW in MBQ_DUAL_MDCR: '0' or '1'	X(1)	80	80	
Drug Coverage periods (up to 10 occurrences)				
Part D Enrollment Effective Date/Employer Subsidy Start Date (Occurrence 1) (Effective start date of the Part D plan in the format CCYY-MM-DD; PBP_STRT_DT in MBD_PBP_ELCT; The Start Date of the First Occurrence (Most Recent or Presently Active) of Employer Subsidy coverage for the beneficiary in the CCYYMMDD format	X(8)	81	88	
EMPLER_STRT_DT in MBQ_RTR_DRUG_PLAN)				

Field Name	Format	Posit	tion
rieiu Naille	Format	Start	End
Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 1)			
(Effective disenrollment date of the Part D plan in the format CCYY-MM-DD; PBP_END_DT in MBD_PBP_ELCT; The End Date of the First Occurrence (Most Recent or Presently Active) of Employer Subsidy coverage for the beneficiary in the CCYYMMDD format	X(8)	89	96
EMPLER_END_DT in MBQ_RTR_DRUG_PLAN)			
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 2)	X(8)	97	104
Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 2)	X(8)	105	112
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 3)	X(8)	113	120
Part D Disenrollment Date/ Employer Subsidy End Date (Occurrence 3)	X(8)	121	128
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 4)	X(8)	129	136
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 4)	X(8)	137	144
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 5)	X(8)	145	152
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 5)	X(8)	153	160
Part D Enrollment Effective Date / Employer Subsidy Start Date (Occurrence 6) X(8)		161	168
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 6)		169	176
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 7)		177	184
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 7) X(8)		185	192
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 8) X(8)		193	200
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 8) X(8)		201	208
Part D Enrollment Effective Date/ Employer Subsidy Start Date (Occurrence 9)	X(8)	209	216

Field Name	Format	Posi	tion
i ielu Naille	1 Offilat	Start	End
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 9)	X(8)	217	224
Part D Enrollment Effective Date / Employer Subsidy Start Date (Occurrence 10)	X(8)	225	232
Part D Disenrollment Date / Employer Subsidy End Date (Occurrence 10)	X(8)	233	240
Sending Entity (The Sending Entity provided on the Header Record of the BEQ Request File in which the Transaction (Detail Record) was found)	X(8)	241	248
File Control Number (Unique file identifier created by Sending Entity)	X(9)	249	257
File Creation Date (The date the file was created in CCYYMMDD format)	X(8)	258	265
Part D Eligibility Start Date	X(8)	266	273
Low Income Subsidy (2 occurrences) Will include 2 latest records from Deeming / LIS information			
Deemed / Low Income Subsidy Effective Date (occurrence 1)			
(Effective start date of the deeming period in the format CCYYMMDD. This will be the first day of the month in which the deeming was made; DEEMD_STRT_DT in MBQ_DEEMD; OR	9(8)	274	281
The date the low income subsidy will begin in the format CCYYMMDD; SBSDY_STRT_DT in MBQ_LIS)			
Deemed / Low Income Subsidy End Date (Occurrence1)			
(The end date of the deemed period in the format CCYYMMDD; DEEMD_END_DT in MBQ_DEEMD; OR	9(8)	282	289
The date the low income subsidy will end in the format CCYYMMDD; SBSDY_END_DT in MBQ_LIS)			
Co-payment Level Identifier (Occurrence 1)			
(This field indicates the Co-Payment level for the beneficiary)	9(1)	290	290
Part D Premium Subsidy Percent (Occurrence 1)			
(If bene is deemed subsidy is 100 percent; if LIS this field identifies the portion of Part D Premium subsidized; PTD_PRM_SBSDY_PCT in MBQ_LIS; '100', '075', '050', '025', or '000')	9(3)	291	293
Deemed/Low Income Subsidy Effective Date (Occurrence 2) 9(8)		294	301
Deemed/ Low Income Subsidy End Date (Occurrence2) 9(8)		302	309
Co-payment Level Identifier (Occurrence 2)	2) 9(1)		310
Part D Premium Subsidy Percent (Occurrence 2)	9(3)	311	313
Filler (This field should be all spaces)	X(437)	314	750